## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

F-6930

| CLAIMS AS FILED - PART I   |  |   |                      |                               |                             |                  | S            | SMALL ENTITY       |                        |          | OTHER THAN          |                        |
|--|--|---|----------------------|-------------------------------|-----------------------------|------------------|--------------|--------------------|------------------------|----------|---------------------|------------------------|
|  |  |   | (Column 1)           |                               | (Column 2)                  |                  | Ĩ            | TYPE               |                        | OR       | OR SWALL ENTITY     |                        |
| TOTAL CLAIMS   |  |   | 12                   |                               |                             |                  |              | RATE               | FEE                    |          | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED         |                               | NUMBER EXTRA                |                  |              | BASIC FEE          | 355.00                 | OR       | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | <i>j</i> ? minus 20= |                               | • \$                        |                  |              | X\$ 9=             |                        | OR       | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =          |                               | • •                         |                  |              | X40=               |                        | OR       | X80=                | č                      |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | IESENT               |                               |                             |                  |              | +135=              |                        | OR       | +270=               | _                      |
| * If the difference in column 1 is less than zero, er  |  |   |                      |                               | r "0" in c                  | olumn 2          | Ĺ            | TOTAL              |                        | OR       | TOTAL               | 7/0                    |
| Claims as amended - Part II  |  |   |                      |                               |                             |                  |              | !                  |                        | _        | OTHER               |                        |
|  |  | (Column 1)                                |                      | (Colui                        |                             | (Column 3)       | SMALL ENTITY |                    | OR                     | SMALL    | ENTITY              |                        |
| AMENDWENT A  | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | *                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                | **                            |                             | =                |              | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME  | Independent                                    | *   | Minus                |                               |                             | =                |              | X40=               |                        | OR       | X80=                |                        |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEI          | PENDEN                        | CLAIM                       |                  |              | +135=              | -                      | OR       | +270=               |                        |
|  |  |   |                      |                               |                             |                  | L            | TOTAL              |                        |          | TOTAL               |                        |
|  |  | (2.1                                      |                      | <b>(0.1</b>                   | ٥)                          | (O - I O)        | A            | DDIT. FEE          |                        | ِ ٠٠٠ اِ | ADDIT. FEE          |                        |
|  | 1  | (Column 1) CLAIMS                         | 7                    | (Colu                         |                             | (Column 3)       | 1 6          |                    | ADDI                   | 1        |                     | ADDI                   |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDR  | Total  | *   | Minus                | **                            |                             | =                |              | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME  | Independent                                    |   |                      | <u> 1</u>                     |                             | =                |              | X40=               |                        | OR       | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                             |                  |              |                    |                        |          |                     |                        |
|  | 2 ;  |   |                      |                               |                             |                  |              | +135=              |                        | OR       |                     |                        |
|  |  |   |                      |                               |                             |                  |              | TOTAL<br>DDIT. FEE |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                | ,                    |                               |                             |                  |              |                    |                        |          |                     |                        |
| AMENDMENT C  | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | PREV                          | HEST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |              | RATE               | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                | **                            |                             | =                |              | X\$ 9=             |                        | OR       | X\$18=              |                        |
| AME.   | Independent                                    | *   | Minus                | ***                           |                             | =                |              | X40=               |                        | OR       | X80=                |                        |
| -  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |                               |                             |                  |              |                    |                        |          |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                      |                               |                             |                  |              |                    |                        | OR       | +270=               |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                      |                               |                             |                  |              |                    |                        | OR       | TOTAL<br>ADDIT. FEE |                        |
|  |  | ber Previously Pai                        |                      |                               |                             |                  | er foui      | nd in the app      | oropriate bo           | x in co  | lumn 1.             |                        |